SEME UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
ARTHUR W. JOHNSTON ET AL.)
Serial No. 09/768,115) Art Unit: 1724
Filed: January 23, 2001) Examiner: Barry, Chester T.
For: MICROBIOLOGICAL WATER FILTER)

PETITION FOR EXTENSION OF TIME UNDER 37 C.F.R. § 1.136

Mail Stop Amdt Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Sir:

WFEE

The above-identified applicant respectfully requests a three-month extension of time within which to file a response to the Office Action dated March 19, 2004, to expire September 20, 2004. A check in the amount of \$475 is enclosed herewith to cover the fee for a three-month extension.

Please charge any additional fees, or credit any overpayment, to Deposit Account 11-0855. A duplicate copy of this sheet is attached.

Respectfully submitted,

Robert E. Richards Reg. No. 29,105

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Our Docket: 38830-253270

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450, on September 20, 2004.

Robert E. Richards - Reg. No. 29, 105

FC:2253

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09/20/2004 BRURFHY BREJORGS 95753:15

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 **CLAIMS AS FILED - PART I SMALL ENTITY** OTHER THAN (Column 1) TYPE C (Column 2) SMALL ENTITY OR TOTAL CLAIMS \mathbf{Z} RATE FEE RATE FEE OR BASIC FEE FOR NUMBER FILED NUMBER EXTRA BASIC FEE 355.00 710.00 TOTAL CHARGEABLE CLAIMS 2 minus 20= X\$ 9= X\$18= INDEPENDENT CLAIMS minus 3 = X40= X80= OR MULTIPLE DEPENDENT CLAIM PRESENT +135= +270= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL TOTAL OR **CLAIMS AS AMENDED - PART II** OTHER THAN **SMALL ENTITY** SMALL ENTITY OR (Column 1) (Column 2) (Column 3) HIGHEST CLAIMS ADDI-ADDI-NUMBER REMAINING PRESENT ENT RATE TIONAL RATE TIONAL AFTÉR PREVIOUSLY EXTRA AMENDMENT PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR **independent** Minus X40= X80= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= +270= OR TOTAL OR ADDIT, FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-8 REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL AMENDMENT AFTER PREVIOUSLY EXTRA **AMENDMENT** PAID FOR FEE FEE 20 Total Minus X\$ 9= X\$18= OR Minus Independent X40= X80= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135-+270= TOTAL OR ADDIT, FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) HIGHEST CLAIMS ADDI-ADDI-O REMAINING NUMBER PRESENT TIONAL RATE RATE TIONAL AMENDMENT AFTER PREVIOUSLY **EXTRA AMENDMENT** PAID FOR FEE FEE Total Minus •• X\$ 9= X\$18= OR Minus Independent X40= X80= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3,"

+270=

ADDIT. FEE

TOTAL

+135=

ADDIT, FEE

TOTAL

Application or Docket Number